

Application for St. Anne's Children's Programs

OFFICE USE ONLY

DATE: _____
PAGE: _____

Child's Full Name: _____ Sex: _____

Name Called: _____ D.O.B.: _____ Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Father's Name: _____ Alt. Phone: _____

Father's Employer: _____ Phone: _____

Mother's Name: _____ Alt. Phone: _____

Mother's Employer: _____ Phone: _____

School Year for Which Your Child is Applying: _____

Sibling: _____ D.O.B.: _____ School: _____

Sibling: _____ D.O.B.: _____ School: _____

Sibling: _____ D.O.B.: _____ School: _____

Sibling(s) Enrolled at St. Anne's? _____ If So, Which Program? _____

Active, Pledging Member of St. Anne's Episcopal Church? _____ Sibling Formerly Enrolled? _____

Full Day Care Needed? _____

PLEASE NOTE:

This is NOT a registration form. You will be contacted when space becomes available.

Please include a check in the amount of \$25 payable to St. Anne's Day School with this form in order to be put on our prospective student list.

Mail application to:

ST. ANNE'S DAY SCHOOL AND ENRICHMENT PROGRAMS
3098 ST. ANNE'S LANE, NW
ATLANTA, GEORGIA 30327